


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-06-2004 90015 018 ****50.00
02-23-2004 90030 045 ****11.25

DOCUMENT # N97000004526	
1. Entity Name NEW VISIONS COMMUNITY DEVELOPMENT CORPORATION	

Principal Place of Business 1214 NE FOURTH AVE 547 NW 9th Ave FT LAUDERDALE, FL 33304 #201 33311	Mailing Address 1214 NE FOURTH AVE Box 811 FT LAUDERDALE, FL 33304 33302
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44012006



01252004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 65-0798877	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GILES, JACQUELYN A 504 NW 20TH AVENUE FORT LAUDERDALE, FL 33311

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GLOVER, CLARENCE E 901 NW ELEVENTH AVE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILES, JACQUELYN 504 NW 20TH AVE FT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KELLY, ROBERT 401 NW 11TH AVENUE FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jacquelyn A. Giles*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 954-763-5644
Date Daytime Phone #